

**Iowa Comprehensive School Reform Demonstration Program**  
**Year End Budget - Total Expenditures**

District: \_\_\_\_\_

School: \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Send to:**    [jeni.legg@ed.state.ia.us](mailto:jeni.legg@ed.state.ia.us)

or

Laurie Phelan  
Grimes State Office Building  
Des Moines, IA 50319-0146

100	Salaries		No. of Staff	Grant Amount
		Professional		
		Full Time		
		Part Time		
		<b>Total</b>		
		Other		
		Full Time		
		Part Time		
		Administrative Costs		
		Employee Benefits		
		<b>Total</b>		
200		Staff Travel		
		Staff Training		
		<b>Total</b>		
300	Purchased Services			
400	Supplies			
		Evaluation		
	<b>Grand Total</b>			

**Note:** This Form may be altered to accommodate your budget format. However, these categories should be included with your information.